

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17144

State File No.

FILED JUN 3 1944
1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2258

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4224 Charlotte Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Fletcher B. Peters

3. (b) If veteran, name war no 3. (c) Social Security No. 496-16-1273

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Helen Peters 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 18th 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 7 If less than one day
hr. min.

9. Birthplace Memphis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

11. Industry or business Attorney

12. Name Judge Samuel R. Peters

13. Birthplace Circleville, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Doane

15. Birthplace Circleville, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Peters

(b) Address 4224 Charlotte Street

17. (a) Removal (b) Date thereof 5-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street, K.C.

19. (a) 5-25-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4224 Charlotte Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Mar 20 1944 to May 25 1944
that I last saw him alive on May 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas
metastatic to liver & kid. 4 mos
Bones

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harry L. Jones (M. D. or other)
Address Kansas City, Mo Date signed 5/25/44

Dr. Henry

Burgess 12/14/19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.